

TOWN OF HAMILTON

BOARD OF HEALTH

**2024 TOBACCO RETAILERS’ PERMIT APPLICATION**

**PERMIT FEE: $200.00 (checks made out to *Town of Hamilton*)**

**ALL FEES PAID ARE NON-REFUNDABLE**

**NO PERMITS WILL BE ISSUED IF TAXES ARE OWED**

Establishment Name: (dba) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Establishment Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Establishment Tel. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Tel. #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Name and Title (if different from applicant):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A copy of the following MA Department of Revenue License(s) are REQUIRED:**

\_\_\_\_\_\_\_\_ Cigarette Retailer’s License Number #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Cigar and Other Tobacco Product Retail License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Electronic Cigarette Retail License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Cigarette Distributor’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Electronic Cigarette Distributor’s License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(A copy of the above license(s) MUST BE ATTACHED to this Application)**

*Pursuant to MGL Chapter 62C, Section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Individual or Corporate Officer Date Telephone #

This form **must** be initialed and signed by the owner of the Establishment applying for or renewing a Board of Health Tobacco Retailer’s Permit.

**No permit will be issued until this checklist has been initialed and signed.**

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that no person shall sell tobacco or nicotine delivery products to a minor.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that each person selling or distributing tobacco or nicotine delivery products shall verify the age of every purchaser by means of a valid government issued photo identification.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that a “we card all” sign must be on display at every point of sale.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that tobacco or nicotine delivery products must be sold in their original packaging.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that I may not sell tobacco products below state minimum prices.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that single cigar minimum pricing is $2.50.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that packaging of two or more cigars’ minimum pricing is $5.00.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that the sale of single or loose cigarettes or cigarettes in packages of less than 20 cigarettes is prohibited.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that the sale of blunt wraps is prohibited.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that self-service tobacco and nicotine delivery product displays from which the customer may select tobacco products, lighters or matches are prohibited.

**\_\_\_\_\_\_\_\_\_\_ I** **will** provide the Hamilton Health Dept. with proof of current “**Cigarette Retail License”** from the Massachusetts Department of Revenue. **(Attach copy of DOR license)**

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that I am responsible for informing any and all persons who sell tobacco at my business about both state and local regulations pertaining to tobacco sales.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that the Hamilton Board of Health or its designee will conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors.

This means that:

* The Board of Health or its designee will send minors into my Establishment who will attempt to purchase tobacco products.
* These minors may or may not look 21 years of age.
* These minors may or may not have ID.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that penalties for violation of the regulation include monetary fines and/or suspension of my permit to sell tobacco or nicotine delivery product.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** tobacco merchants must have a letter from the manufacturers of each tobacco and vaping product sold at the Establishment. This requirement applies to all types of tobacco and vaping products. This letter should certify that the tobacco products or vaping products are not flavored. If you are not an “Adult-only Retail Tobacco Store,” the letter should also certify that the nicotine content of the vaping products you carry does not exceed 35mg/ml.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that each employee will complete the **Tobacco Sales Employee Agreement**, which will be kept on file at the Establishment

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that a Tobacco Product Sales Permit will not be renewed if the permit holder has sold a tobacco product to a person under the age of 21 three (3) times within a thirty six (36) month period and the time period to appeal has expired.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that no person shall sell an electronic delivery system with nicotine content greater than 35 milligrams/milliliter.

**\_\_\_\_\_\_\_\_\_\_ I** **understand** that no person shall distribute or cause to be distributed, any free samples of tobacco products

**\_\_\_\_\_\_\_\_\_\_ I have read and** **understand the *Regulation of the Town of Hamilton Board of Health Restricting the Sale of Tobacco Products and Nicotine Delivery Products*.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**